

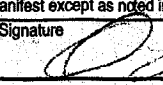


Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980738546	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 000499563 SKS	
5. Generator's Name and Mailing Address ALASKAN COPPER WORKS 3200 6TH AVE S SEATTLE WA 98134		Generator's Site Address (if different than mailing address)				
Generator's Phone: 206-382-8373						
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.				U.S. EPA ID Number TXR000050930		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 16540 SE 130TH AVE BLDG B CLACKAMAS OR 97015				U.S. EPA ID Number 000789		
Facility's Phone: 503-657-7033				ORD981766124		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit WL/Vol.
	X	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)HA1993-P0III (ERG128) 6.7LBS/GAL (D039)	1	DM	15	G
	2.					
	3.					
	4.					
13. Waste Codes						
D039						
14. Special Handling Instructions and Additional Information SK TRCK#108382880 0034021544 0002341057 0719 26						
SEE ATTACHMENT						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name R. GERRARD Thompson		Signature 		Month Day Year 5 10 07		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jonathan Fawcett		Signature 		Month Day Year 5 10 07		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H141	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Osca Goslin		Signature 		Month Day Year 5 15 07		

IV. Instructions for Owners and Operators of Treatment, Storage, and Disposal Facilities

Item 18. Discrepancy

Item 18a. Discrepancy Indication Space

1. The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancies between the waste described on the Manifest and the waste actually received at the facility. Manifest discrepancies are: significant differences (as defined by §§ 264.72(b) and 265.72(b)) between the quantity or type of hazardous waste designated on the manifest or shipping paper, and the quantity and type of hazardous waste a facility actually receives, rejected wastes, which may be a full or partial shipment of hazardous waste that the TSDF cannot accept, or container residues, which are residues that exceed the quantity limits for "empty" containers set forth in 40 CFR 261.7(b).
2. For rejected loads and residues (40 CFR 264.72(d), (e), and (f), or 40 CFR 265.72(d), (e), or (f)), check the appropriate box if the shipment is a rejected load (i.e., rejected by the designated and/or alternate facility and is sent to an alternate facility or returned to the generator) or a regulated residue that cannot be removed from a container. Enter the reason for the rejection or the inability to remove the residue and a description of the waste. Also, reference the manifest tracking number for any additional manifests being used to track the rejected waste or residue shipment on the original manifest. Indicate the original manifest tracking number in Item 14, the Special Handling Block and Additional Information Block of the additional manifests.
3. Owners or operators of facilities located in unauthorized States (i.e., states in which the U.S. EPA administers the hazardous waste management program) who cannot resolve significant differences in quantity or type within 15 days of receiving the waste must submit to their Regional Administrator a letter with a copy of the Manifest at issue describing the discrepancy and attempts to reconcile it (40 CFR 264.72(c) and 265.72(c)).
4. Owners or operators of facilities located in authorized States (i.e., those States that have received authorization from the U.S. EPA to administer the hazardous waste management program) should contact their State agency for information on where to report discrepancies involving "significant differences" to state officials.

Item 18b. Alternate Facility (or Generator) for Receipt of Full Load Rejections

Enter the name, address, phone number, and EPA Identification Number of the Alternate Facility which the rejecting TSDF has designated, after consulting with the generator, to receive a fully rejected waste shipment. In the event that a fully rejected shipment is being returned to the generator, the rejecting TSDF may enter the generator's site information in this space. This field is not to be used to forward partially rejected loads or residue waste shipments.

Item 18c. Alternate Facility (or Generator) Signature

The authorized representative of the alternate facility (or the generator in the event of a returned shipment) must sign and date this field of the form to acknowledge receipt of the fully rejected wastes or residues identified by the initial TSDF.

Item 19. Hazardous Waste Report Management Method Codes

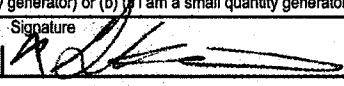
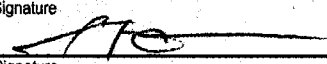
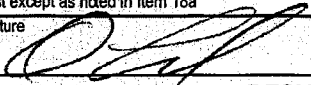
Enter the most appropriate Hazardous Waste Report Management Method code for each waste listed in Item 9. The Hazardous Waste Report Management Method code is to be entered by the first treatment, storage, or disposal facility (TSDF) that receives the waste and is the code that best describes the way in which the waste is to be managed when received by the TSDF.

Item 20. Designated Facility Owner or Operator Certification of Receipt (Except As Noted in Item 18a)

Enter the name of the person receiving the waste on behalf of the owner or operator of the facility. That person must acknowledge receipt or rejection of the waste described on the Manifest by signing and entering the date of receipt or rejection where indicated. Since the Facility Certification acknowledges receipt of the waste except as noted in the Discrepancy Space in Item 18a, the certification should be signed for both waste receipt and waste rejection, with the rejection being noted and described in the space provided in Item 18a. Fully rejected wastes may be forwarded or returned using Item 18b after consultation with the generator. Enter the name of the person accepting the waste on behalf of the owner or operator of the alternate facility or the original generator. That person must acknowledge receipt or rejection of the waste described on the Manifest by signing and entering the date they received or rejected the waste in Item 18c. Partially rejected wastes and residues must be re-shipped under a new manifest, to be initiated and signed by the rejecting TSDF as offeror of the shipment.

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5. Generator's Name and Mailing Address ALASKAN COPPER WORKS 3200 6TH AVE S SEATTLE WA 98134					Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.					U.S. EPA ID Number TXR000050930			
7. Transporter 2 Company Name					U.S. EPA ID Number			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 16540 SE 130TH AVE BLDG B CLACKAMAS OR 97015					U.S. EPA ID Number 000789			
Facility's Phone: 503-657-7033					ORD981766124			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG128) 6.7LBS/GAL (D039)	1	DM	15	G	D039	
14. Special Handling Instructions and Additional Information SK TRCK#108382880 0034021544 0002341057 0719 26								
SEE ATTACHMENT								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generators/Offoror's Printed/Typed Name R. Gerard Thompson		Signature 		Month 15		Day 10		
16. International Shipments <input type="checkbox"/> Import to U.S.		<input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Jonathan Fawcett		Signature 		Month 15		Day 10	
	Transporter 2 Printed/Typed Name		Signature		Month		Day	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number							
	Facility's Phone:							
	18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H141		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Oscar Goslin		Signature 		Month 15		Day 15		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.		U.S. EPA ID Number TXR000050930								
7. Transporter 2 Company Name		U.S. EPA ID Number								
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 16540 SE 130TH AVE BLDG B CLACKAMAS OR 97015		U.S. EPA ID Number 000789		U.S. EPA ID Number ORD981766124						
Facility's Phone: 503-657-7033										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#126) 6.7LBS/GAL (D039)				No. 1	Type DM	15	0	D039
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information SK TRCK#108382880 0034021544 0002341057 0719 26										
SEE ATTACHMENT										
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Generator's/Offor's Printed/Typed Name X Signature [Signature] Month Day Year 12 10 07										
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Smolhan TWC-71 Signature [Signature] Month Day Year 12 10 07									
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____									
	Facility's Phone: _____									
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H141 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name _____ Signature _____ Month Day Year _____										

K54474-R5732
LOCATION: 709201

SAFETY-KLEEN
LDR NOTIFICATION FORM

04/14/07 PAGE: 1
07:33:22

GENERATOR NAME: ALASKAN COPPER WORKS

MANIFEST NO.: 000499563 SKS
OR SALES SERVICE NO.: 34021544 9a-1

CUST#: 0002-3410-57

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01/001 SK PRFL NO.: 0000

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

SKDOT#: 0000717

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

100 O-CRESOL
101 M-CRESOL (DIFFICULT TO DISTINGUISH FROM
P-CRESOL)
102 P-CRESOL (DIFFICULT TO DISTINGUISH FROM
M-CRESOL)
184 METHYL ETHYL KETONE
229 TETRACHLOROETHYLENE
237 TRICHLOROETHYLENE
248 BARIUM
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD
257 MERCURY - ALL OTHERS
260 SILVER
67 BENZENE
84 CHLOROBENZENE

NOTES

EXP NOTICE: THIS LDR EXPIRES ON 12/31/2007

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

SEQ#: 3072 LOC: 709201

TERR: 26 REF#: 34021544 SW: 0719

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER